

RE-ENTRY CONTRACT

Student: _____ **Date:** _____

Summary of Incident: _____

Behavior Contract Completed: Yes No

Target Behaviors:

1. _____
2. _____
3. _____

Additional actions to be completed for and/or upon re-entry into program:

1. _____
2. _____
3. _____
4. _____

If this re-entry contract is not met, the following will happen: _____

Date of re-entry: _____ **Number of transition days:** _____ **Percentage needed:** _____

I agree to the above re-entry contract and understand the consequences of not following through with the re-entry contract.

Student Signature: _____

Parent(s)/Guardian Signature: _____

WCOC Staff agrees to support positive attempts to meet this contract made by the student

WCOC staff: _____
